



Dear Applicant:

Thank you for your interest in applying for a position with the EMS/Fire/Rescue Division of the Public Safety Department. As you fill out your application, please include all employment held for the last 10 years (where applicable) and list three personal references in the appropriate section, complete with names, addresses, and telephone numbers. **Please note:** Regardless of the notification preference you select in your online application, all notifications will be by email. We request that you continue to monitor your email for the status of your application or instructions to schedule assessments and interviews.

Regarding the checklist below, please scan and upload with your online application legible copies of the certifications and/or documents listed. You must ensure that all certifications/documents have not expired. Also, it is your responsibility to ensure that all forms which require a notarized signature are so notarized prior to submission. The certifications/documents listed below must be submitted for you to be considered for the position of Firefighter/EMT or Firefighter/Paramedic. Failure to submit any of the required items will disqualify your application. If you have questions regarding this checklist, please feel free to contact our Human Resources Division at (407) 665-7944 or hr@seminolecountyfl.gov.

Checklist

- ___ Valid Florida Driver's License (If an out-of-state driver's license is submitted, a valid Florida Driver's License must be submitted at time of employment.)
- ___ Social Security Card
- ___ Birth Certificate or Birth Registration
- ___ High School Diploma / G.E.D.
- ___ FF Certificate of Compliance, Florida Minimum Standards
- ___ Valid EMT or Paramedic License (Issued by Florida Department of Health)
- ___ Valid EVOC Certificate – This is the 16-hr. Emergency Vehicle Operators Course (CEVO certification is not acceptable)
- ___ Current FireTEAM Scores – FireTEAM is a written test to aid our selection process and *must be taken through National Testing Network* (go to www.nationaltestingnetwork.com and click the tab entitled "Firefighter Jobs"). This test must be completed within the last 12 months before the closing date on our job posting. Applicants are **not required to upload this documentation**, as test scores are received directly from National Testing Network.
- ___ Valid CPAT Certification – The Candidate Physical Ability Test (CPAT) *must be taken through National Testing Network* (go to www.nationaltestingnetwork.com and click the tab entitled "CPAT Testing"). This test must be completed within the last 12 months before the closing date on our job posting. Applicants are **not required to upload this documentation**, as test results are received directly from National Testing Network.
- ___ Seminole County Personal Inquiry Waiver (notarized)
- ___ Seminole County Tobacco/Tobacco Products Affidavit (notarized)
- ___ For persons listing military service on the employment application, submit a copy of your DD-214.
- ___ **For persons wishing to assert Veterans' Preference, Seminole County Form 0007 and your DD-214 must be scanned and uploaded at the time you complete your online application.**

**PERSONAL INQUIRY WAIVER
AUTHORITY TO REQUEST INFORMATION**

I, _____, hereby authorize the Human Resources Division, County of Seminole, or its designee, to request and/or verify the following information:

- Work Record (dates, position(s) held, duties performed, reason for leaving, etc.)
- Performance Evaluations (including disciplinary history)
- Wage and Salary History
- Educational Qualifications
- Record of Convictions, including traffic offenses
- Personal Information Inquiry
- Other records as related to my potential employment with Seminole County

This information is to be used to assist the County in determining my qualifications and fitness for the position I am seeking with Seminole County.

I hereby expressly release you, your organization, agents, and servants from any liability of damage which may result from the furnishing of the information requested above.

Applicant Signature

Date

Driver's License Number

State of Issue

Expiration Date

Applicant Name

Social Security Number

Address

City

State Zip Code

AFFIDAVIT

Before me personally appeared _____ who stated that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose therefore.

Sworn to and subscribed before me this _____ day of _____, _____.

NOTARY PUBLIC

COUNTY OF SEMINOLE
FLORIDA

CENTRAL SERVICES DEPARTMENT
HUMAN RESOURCES DIVISION
COUNTY SERVICES BUILDING
1101 EAST FIRST STREET
SANFORD, FL 32771
(407) 665-7945

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF SEMINOLE

I, _____, do hereby affirm that I have not used tobacco or tobacco products for at least one (1) year immediately preceding my application for Firefighter or Firefighter Paramedic with the Seminole County Board of County Commissioners. I understand that this information is required in compliance with Florida State Statute 633.34, and that the information contained herein is complete and accurate.

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this ____ day of _____, _____.

NOTARY PUBLIC
State of Florida-at-Large

My Commission Expires: _____